## COMMERCIAL CREDIT APPLICATION



## IRBY ( ELECTRICAL DISTRIBUTOR

Please complete the following application in its entirety to ensure prompt processing of the account setup. You are welcome to email the final signed application to credit@irby.com and then please mail the original to the corporate address at:

Attn: Credit Department PO Box 1819 Jackson, MS 39215

FOR IRBY USE ONLY			CREDIT DEPARTMENT USE ONLY
ACCOUNT NO			
CUSTOMER TYPE			
SALESMAN ID	PRICE CLASS	MANAGER INITIAL	
CUSTOMER VELOCITY	CUSTOMER SELECT CODE	DATE	*



EXHIBIT 1

## APPLICATION FOR CREDIT AND BILLING INFORMATION 12-06-2022

		DATE TO LOCAL					
CUSTOMER ACCOUNT	WINDS EXPLORATION & P	RODUCTION LLC					
COSTOMEN ACCOUNT	THERESA.I@WINDEANDP.CO	MC					
BILLING EMAIL OR FA	DEPARTMENT, ETC. 5750 N SAM HOUS	STON PKWY F					
BILLING ADDRESS:	DEPARTMENT, ETC.	TORTINITE					
	POST OFFICE ADDRESS	77000					
	HOUSTON	STATE TEXAS ZIP + 4 77032					
	PHONE NO. 713 541 3400	FAX NO					
	A/P CONTACT PERSON THERESA IKE	E-MAIL ADDRESS THERESA.I@WINDSEANDP.COM					
□ billtrust	■ SIGN ME UP TO SAVE TIME PROCESSING INVOICES	FOR PAYMENT, RETRIEVING ADDITIONAL COPIES, AND PAYMENTS.					
SHIPPING ADDRESS: (	PLEASE ADVISE IF MORE THAN ONE ADDRESS — PLEAS	E ATTACH SEPARATE LIST OF ALL SHIPPING ADDRESSES)					
	DEPARTMENT, ETC. CASTLEGATE FIEL	D CENTRAL PROCESSING FACILITY					
	STREET ADDRESS WHITMORE PARK	ROAD, HWY 191					
	CARBON COUNTY	STATE UTAHZIP + 484526					
HIGH CREDIT REQUES		PLEASE SUBMIT FINANCIAL STATEMENT FOR CREDIT OVER \$5,000.00					
HIGH CREDIT REQUES							
SALES TAX STATUS:	☐ TAXABLE ☐ EXEMPT (ACCOUNT WILL BE SET	UP TAX EXEMPT ONLY BY ATTACHING A VALID TAX EXEMPTION CERTIFICATE					
KIND OF BUSINESS:	RESIDENTIAL COMMERCIAL UTILITY	DATE ESTABLISHED 09-25-2020					
BUSINESS TYPE:	□ INDIVIDUAL □ PARTNERSHIP □ CORPORA	TION   OTHER:					
DUNS#_	FEDERAL ID#	9,					
IF INDIVIDUAL:	SOCIAL SECURITY NUMBER	HOME PHONE					
	HOME ADDRESS						
	CITY	STATE ZIP + 4					
LIST ALL OWNERS, O	FFICERS, PARTNERS, OR OTHER RESPONSIBLE PERSONS:						
NAME: FRANKLIN IHEKWOABA		TITLE CEO					
NAME: PATRICK ANEJI		TITLE CPA					
NAME: GEORGE	IHE	TITLE CFO					
BANK REFERENCES	1) BANK NAME WELLS FARGO	PHONE 832 653 4612					
DAIN REFERENCES	25694 NORTHWEST FR	EEWAY					
	CITY CYPRESS	STATE TEXAS ZIP+4 77429					
	ACCOUNT NUMBER	CONTACT PERSON MARIANNE E. MAKARI					

IRBY ONLINE 24/7 – PLACE ORDERS AND MANAGE YOUR ACCOUNT VIA THE INTERNET SIGN UP FOR ACCESS TO IRBY ONLINE AT http://www.irby.com/forms/signup\_form.asp

TRADE REFERENCES:	1) COMPANY NAME Weatherf	ord Artific	ial Lift Syster	ms				
	ADDRESS 2620 S 1500 E							
	CITY vernal			STATE Utah	ZIP + 4 84078			
	PHONE NO. (435) 299 9136		FAX					
	2) COMPANY NAME Uintah Lit	t Systems	3					
	ADDRESS 2720 W 1600 S							
				STATE Utah	ZIP + 4 84066			
	PHONE NO 435 823 5559							
	3) COMPANY NAME Jacam C	atalyst	4.02011535	****				
	ADDRESS 3930 W 6250 S							
	CITY Roosevelt			STATE Utah	ZIP + 4 84066			
	PHONE NO 435 630 3965		EAX	NO	AND THE PARTY OF T			
	4) COMPANY NAME Scamp Excavation, Inc							
	ADDRESS 1150 S 500 W							
	CITY Price			STATE Utah	ZIP + 4 84501			
	PHONE NO. 435 650 9876		FAX I					
HAS YOUR COMPANY, (IF YES, YOU MUST AT	, OR ANY OF ITS OWNERS OR PARTN	IERS EVER FILE	ED A VOLUNTARY L INFORMATION N	PETITION OF BAN	KRUPTCY?  YES	₩ NO		
HAS A TAX LIEN BEEN  ☐ YES ☑ NO (IF YE	FILED AGAINST YOUR COMPANY, O ES, YOU MUST ATTACH A LETTER OF	R ANY OF ITS	OWNERS OR PART N, INCLUDING ALL	NERS WITHIN THE	PAST FIVE (5) YEARS CESSARY FOR VERIFIC	ATION.)		
IN SUBMITTING THIS A	APPLICATION WILL BE PROCESSED WAPPLICATION, I ACKNOWLEDGE THATERSE OF THIS APPLICATION AND CAR	T I HAVE READ	, UNDERSTAND AN	ID AGREE TO THE	PRIZED INDIVIDUAL. TERMS AND CONDITION	ONS OF SALE AS		
	HORIZES THE ABOVE NAMED CREDIT				PORT FROM ANY CRE	DIT REPORTING		
APPLICANT WAIVES AF	LL RIGHTS REGARDING VENUE AND A LOCATIONS AS STATED IN TERMS AN	AGREES THAT	ANY LEGAL ACTIONS.	N REGARDING ITS	ACCOUNT MAY BE BE	ROUGHT IN THE		
BY SIGNING THIS APPL	LICATION I ACKNOWLEDGE I HAVE R	ECEIVED THE	PRIVACY POLICY.	~0				
FRANKLIN IHE	KWOABA		Kon	W	12-06-022			
NAME OF APPLICANT			SIGNATURE	7)	DATE			
		DEDCOMAL	GUARANTY	0				
Irby Co. extending cree signatures below, join Applicant, together we equipment, or any oth commercial paper, or o		or the purpose each of the ind onally guarant Applicant shal d, whether su	of obtaining credi lividuals signing be see to Stuart C. Irb I at any future tin ch indebtedness is	elow in the spaces by Co. the paymer ne owe to Stuart in the form of an	designated for Guara it of all existing indel C. Irby Co. on accour open account, promiss	ntor(s), by their otedness of the nt of materials, ory note, other		
the account balance as	unt is placed in the hands of an atto s attorney's fees and costs of collecti	ion.						
notice from the unders revocation shall not in revocation or as to any is the intent of the un- this is a guarantee of p	y, absolute, unconditional, open an signed, mailed by certified mail and n any manner affect the liability of y indebtedness incurred by Applican dersigned Guarantor to be primarily payment and not merely a guarante	the undersig t prior to the y and not second e of collection	ned as to any indo receipt by Stuart C ondary liable for the	ebtedness owed between the action of the act	oy the Applicant at the bove-mentioned revo hereby assumed and g	te time of such cation notice. It uaranteed, and		
The time of payment of undersigned Guaranto hereby expressly waive before demanding and hereby represent to Strof the Guaranty, Stuart	of any indebtedness hereby guaran or and without affecting or releasing of by each of the undersigned. It shal d receiving payment from the under uart C. Irby Co. that he is interested t C. Irby Co. will not extend credit to	teed may be g the liability Il not be neces rsigned for an in the busine o this Applicar	extended and the of the undersigne sary for Stuart C. Ir by indebtedness gu ss and affairs of th currently or in the	d. Notice of inde- by Co. to procure laranteed hereby. le Applicant, and he future.	otegness and derauit any judgement again: Each of the undersig each understands that	in payment are st the Applicant ned Guarantors in the absence		
Guarantor(s) grant per reports, as may be deer with the Federal Fair Cany personal, family, o	rmission to Seller to obtain person med advisable. The undersigned ind credit Reporting Act as contained in thousehold purposes.	al credit info	rmation from pers	sonal references to	such report in any ma	nner consistent		
GYARANTOR(S):	100 HEKNOABA			-	0	0.		
TRANK	1.61	URITY NUMBI	ER	SIGNATURE	inway	<u> </u>		
PRINT	JOEINE JEC		0.000	/ /	S Section 1			

PRINT

SOCIAL SECURITY NUMBER

SIGNATURE